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## DREF final report

# Uganda: Measles Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRUG035**  
**GLIDE n° EP-2013-000096-UGA**  
**20 February, 2015**

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

**Summary:** CHF 116,006 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support Uganda Red Cross Society (URCS) in delivering assistance to 999,068 children from 6 months to 15 years vulnerable to a measles outbreak.

The Ministry of Health (MoH) in Uganda confirmed an outbreak of measles in Kamwenge district on 9 August, 2013. This followed previous outbreaks that were reported in Kyenjojo, Mubende and Isingiro districts of Uganda. The confirmation caused concerns of further spread to additional districts and across borders posing further threats to the lives and wellbeing of the population in Uganda and the extended region. Concerted efforts by partners and stakeholders led to massive interventions and by the end of December 2013, no new cases were reported in these districts. In total, as of 18 December 2013, 140 Children had been confirmed or linked to have contracted the measles disease with only 2 deaths reported since the declaration, which is a case fatality of 1.4 percent.



District health educator in Kamwenge facilitating a training for volunteers' orientation for measles response in Biguli Sub County. Photo/ URCS

With the support from DREF URCS worked with other partners in the intervention including the Ministry of health (MoH), through Uganda Expanded Program for Immunization (UNEPI), the district health office and local partners all of who intensified social mobilization activities for accelerated routine vaccination in Kamwenge, Kyenjojo, Mubende and Isingiro. This led to scaled up routine immunization for children to prevent others from contracting the disease. The districts and MoH conducted a cascaded approach from sub-national to district and finally to sub-county level for the measles mini vaccination campaigns in an effort to cut the measles transmission cycle in the affected areas during the month of October. These activities were supplemented with the promotion of Periodically Intensified Routine Immunization (PIRI) between on 19 and 21 October 2013 as a result of the wild polio virus confirmation in the horn of Africa.

The Uganda Red Cross during the operation trained and deployed 430 volunteers in the community who intensively mobilized the affected population through house to house community sensitization providing information on the need and benefits of vaccinating children to the parents and care givers. They registered children between 0 months and 59 months, identified defaulters and encouraged those who have never been immunized or did not complete their immunization schedules to go to the designated health. Strategic

partnership sensitization was done in schools, religious institutions and in communities. In addition media campaigns and community based disease surveillance were done.

The response operation was successfully completed by end of December with an end of campaign field survey to estimate the impact of URCS activities. A [preliminary final report](#) was issued on 2 June, 2014 pending the availability of the final financial report. A balance of CHF 5,179 at the close of the operation will be returned to DREF. This final report contains a detailed outline of the activities implemented during the timeframe of the operation.

The Belgian Red Cross and Belgian Government contributed to a partial replenishment of the DREF allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

IFRC, on behalf of Uganda Red Cross Society, would like to extend thanks to all partners for their generous contributions.

[<click here for the final financial report and here for the contact details >](#)

## The situation

In January 2013, a measles outbreak was confirmed in Hoima district by the Uganda MoH after blood samples from suspected cases tested positive for measles in laboratory analysis carried out by Uganda Virus Research Institute (UVRI). The outbreak was followed by a protracted sequence of confirmed outbreaks in Kyenjojo on 8 April 2013, Isingiro on 23 June 2013, Mubende on 5 July 2013 and Kamwenge district on 9 August 2013. The Number of confirmed (lab +epi linked) cases during the outbreaks were 140 out of 177 suspected cases as of 18 December 2013 with only 2 deaths reported since the beginning of the outbreak.

**Table 1: List of districts with measles outbreaks between January and 18 December 2013**

District	month	No.of suspected cases	Suspected cases with lab results available	No.of confirmed cases (EPI +lab)	No.of confirmed cases (lab)
Isingiro	June	10	9	9	8
Kamwenge	April August November	126	20	99	3
Kyenjonjo	April May June	29	20	22	13
Mubende	June September	12	12	10	10
	<b>Total</b>	<b>177</b>	<b>61</b>	<b>140</b>	<b>34</b>

Source: *UNEPI- M.O.H: December, 2013*

\*An outbreak is defined as 5+ suspected or 3 and above lab-confirmed cases in a month. For this analysis, a month is defined as a calendar month and not any 30-day period.

With the implementation of Periodically Intensified Routine Immunization (PIRI), in the month of October, 41,605 children were immunized during the campaign (8,411 BCG; 7,804 measles; 8,666 Polio 1; 8,148 Polio 2; 8,576 Polio 3 respectively with no new cases reported in any of the affected districts by end of December 2013 signifying that the campaign had successfully controlled the measles outbreak transmission among children in the community. The outbreak risk analysis also shows that none of the affected district now stands at an eminent risk of the outbreak re-occurrence.

**Table 2: 2013 Routine immunization coverage and new outbreak risk analysis**

District	Birth cohort 2013	Number vaccinated 2013	Routine coverage 2013 (%)	Contrast with routine coverage 2012 (%)	Accumulating susceptible	Outbreak risk threshold	New outbreak risk
Isingiro	21,011	18,692	89%	80%	5,851	<b>14,008</b>	No
Kamwenge	16,601	22,868	138%	99%	- 2,427	<b>11,067</b>	No
Kyenjojo	19,181	20,480	107%	99%	2,236	<b>12,788</b>	No
Mubende	30,532	35,234	115%	59%	2,264	<b>20,355</b>	No
<b>Total</b>	<b>87,326</b>	<b>97,274</b>	<b>112%</b>	<b>84.3%</b>	<b>7,923</b>	<b>58,218</b>	

Source: *The Epidemiological Surveillance Division- M.O.H: November, 2013*

As was planned, URCS implemented the post campaign survey to estimate the level of impact of the social mobilization campaign involving 360 members randomly selected from households within the affected communities. The Rapid data analysis revealed the following about the campaign;

- 93 percent of the caregivers and parents interviewed from the 270 households had taken their children for vaccination as opposed to the 6.7 percent who did not.
- The major reasons cited by caregivers for not taking children for vaccination is fear of injection and side effects from the vaccine.
- There were three major sources of information for the campaign, in the order indicated: Radio, House visits and Megaphones.

**Table 3: Sources of information cited by caregivers for the households visited in the districts**

Caregivers interviewed between 27 and 28 November 2013	
Radio	100
House Visits	56
Megaphones	36
Churches, Immobilizer's, Mothers, Passersby, SMS message	20
Local Councilors, Neighbors, Health Workers	18
Cars, with or without loudspeakers, Neighbors	16
Newspapers, housemates, word of mouth (not further specified), banners, billboards, posters	12
Television	12
<b>Total</b>	<b>270</b>

**Table 4: Reasons given for not having children immunized**

Branch/ District	Households interviewed	Parents taken children		If not, the reasons				
		Yes	No	Fear of Injection	Fear of Side Effects	Travelling	Using Herbs	Others
Isingiro	60	53	7	4	3	0	0	0
Kamwenge	70	69	1	0	1	1	0	0
Kyenjojo	80	72	8	4	3	0	0	1
Mubende	60	58	2	0	1	1	0	0
<b>Total</b>	<b>270</b>	<b>252</b>	<b>18</b>	<b>8</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>1</b>

## Coordination and partnerships

The response task force set up in all four affected districts conducted consultative meetings together with the branches and other partners to coordinate the PIRIs and mini vaccination campaigns activities in the four affected districts in Uganda. URCS as a member of the national social mobilization committee attended the coordination meetings and was part of the team that developed IEC materials for community education and sensitization for this accelerated measles vaccination campaign/routine immunization. The MoH and the District Health Team remained the main interveners, while UN and humanitarian agencies such as UNICEF, WHO, URCS, Baylor and World Vision have all been supporting the district in these accelerated responses. URCS has remained the main actor for social mobilization in the communities. Treatment centers have been set up at the various districts hospitals and health centers where all suspected measles cases are being referred for management.



**URCS volunteers sensitizing school children about the measles outbreak. Photo/URCS**

MoH through UNEPI with support from UNICEF and National Medical Stores (NMS) have been responsible in supporting the districts with immunization supplies/logistics that NMS has been delivering to support hospitals, health centers and vaccination posts within the affected districts. The MoH also supported the districts with funds from the Global Alliance for Vaccines and Immunization (GAVI) to support the supplemental immunization activities and outreaches.

## Red Cross and Red Crescent action

The Uganda Red Cross branches in the affected districts at the onset of the outbreak declaration participated in a joint assessment together with the District Health Office (DHO), MoH, UNICEF and WHO, which established the magnitude of the measles outbreaks, and highlighted the importance of an urgent response through an accelerated vaccination campaign to reach and encourage the part of the population that have not yet vaccinated themselves or their children. The branches collectively mobilized 430 volunteers, who were trained, deployed and implemented the measles response activities.

A two day data collection activity for the post campaign survey was conducted using simple tools designed for volunteers to measure the post campaign levels of public awareness, attitudes, beliefs and practices towards vaccination.

In order to reduce risk of wide transmission of the measles outbreak, the mass media were contracted and aired some acceptable and context-specific campaigns messages to improve on the knowledge and awareness about the mini campaign and PIRIs. In addition context-specific IEC messages on vaccine preventable diseases, their risks for children, and the importance of completing immunization schedule as a preventive measure were also distributed to compliment the other approaches.

URCS internal human capacities located at the branch and regional offices and technical staff from the headquarters trained the volunteers and provided technical support for the measles interventions.

The Red Cross Society headquarters in Kampala, the URCS regional board representatives and the local board members were briefed on the project goals and objectives and they provided monitoring support for the activities.

The URCS communication office visited the field team/volunteers and documented URCS achievements during the response. The communications directorate made articles and publications which were hosted on the URCS website to provide information to the media.

**Table 5: Summary of key URCS measles campaign activities as of December 2013**

District	Total population as of 2002 census projection	Number of volunteers trained and deployed during the measles response mini campaign	Number of households reached with measles information during the campaign	Estimated Number of people in households reached with measles information	Estimated Number of people reached with measles information through radio messages.	Number of children registered prior to the mini campaign	Number of children registered as defaulters prior to the campaign	Number of registered defaulting children followed up and corrected during the mini campaign	Number of children registered as fully immunized prior to the campaign	Number of children immunized during the mini campaign Periods in October 2013
Mubende	588,300	125	51,284	297,450	320,430	76,927	13,924	11,417	48,464	9,030
Kamwenge	324,500	83	23,270	123,331	136,956	37,232	9,680	8,035	25,318	8,436
Kyenjojo	523,800	96	33,366	180,176	196,425	43,376	10,410	9,265	29,062	7,454
Isingiro	408,400	126	43,800	240,900	280,012	74,460	5,957	5,659	63,291	16,685
<b>Total</b>	<b>1,845,000</b>	<b>430</b>	<b>100,436</b>	<b>544,407</b>	<b>933,823</b>	<b>155,068</b>	<b>26,047</b>	<b>22,959</b>	<b>117,671</b>	<b>41,605</b>

## Achievements against outcomes

### Emergency health

**Outcome: To reduce the risk of further spread of the measles outbreak amongst 1,845,000 people in Kamwenge, Kyenjojo, Mubende and Isingiro affected districts, through intensified house to house community sensitization, media campaigns, and community based disease surveillance.**

Outputs (Expected results)	Planned activities
<ul style="list-style-type: none"> <li>Increased public awareness about measles disease (signs and symptoms, transmission risk factors, actions for suspected cases, importance of immunization as a control measure)</li> <li>Improved early detection, reporting and referral of suspected measles cases through community based disease surveillance mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>Mobilize and train 430 volunteers on measles signs and symptoms, mini measles campaign/routine immunization promotion /suspected case referral mechanisms.</li> <li>Identify community based volunteers who will manage designated villages and carry out house to house sensitization and identify report and refer suspected measles cases in their community as part of a community based disease surveillance mechanism.</li> <li>Produce and disseminate context-specific IEC materials (50,000 posters, 50,000 brochures and 900 T-shirts with messages translated to local languages) planned to reach 1,845,000 people.</li> <li>Conduct advocacy meetings with key local religious, teachers and community representatives</li> <li>Conduct house to house child vaccination registration of eligible children; mop up verification of immunization cards for</li> </ul>

	<p>the vaccinated children and sensitization to mothers, fathers and caretakers on the need to vaccinate their children.</p> <ul style="list-style-type: none"> <li>• Track children in the targeted communities that has not been vaccinated or dropped out from their vaccination scheme, and encourage their families to take them for vaccination at the vaccination post set up by the District Health Teams.</li> <li>• Conduct informal awareness raising sessions at churches, mosques, markets, temples, schools and other public places to spread information</li> <li>• Conduct media campaigns including 4 radio talk shows, 120 radio spots on immunization reaching approximately 1,845,000 people in the affected districts.</li> <li>• Conduct public address drives communicating immunization messages for 3 days per month in the targeted districts to promote routine vaccination campaign for measles</li> <li>• Facilitate active case search of suspected measles patients and ensure their appropriate referral to the treatment centers.</li> <li>• Procure 20 mega phones for use by volunteer teams during mobilization</li> <li>• Procure 450 volunteers Red Cross immunization bibs for volunteer's mobilization and identification.</li> <li>• Assist in routine immunization vaccination and outreach activities at sites</li> <li>• Register children using 6,400 registers, tick names of vaccinated children on pre-registration lists on mini campaign days.</li> </ul>
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**Impacts:** Up to 430 volunteers were mobilized and trained on measles signs and symptoms, mini measles campaign/routine immunization promotion /suspected case referral mechanisms and the SIA's. In order to aid in the sensitization, a total of 50,000 posters and 100,000 brochures were distributed and up to 1,800 T-shirts with messages translated to local languages with context-specific IEC materials message that were placed in strategic locations like churches, markets, video and cinema halls, schools, health centers/hospitals and community halls and reached approximately 1,845,000 people.

Advocacy meetings were carried out with key local religious, teachers and community representatives in the respective branches. Through the house to house child vaccination registration carried out by the volunteers, up to 26,047 eligible defaulting children were registered and later followed up and eventually 22,959 defaulting children were targeted during the mini measles immunization campaign. In addition the volunteer's sensitized mothers, fathers and caretakers from 100,436 households (544,407 people) on the need to vaccinate their children. A total of 69 suspected measles cases in children were referred for support in the health centers by the volunteers.

The respective branches implemented awareness raising sessions at churches, mosques, markets, temples, schools and other public places to spread information about the PIRIs and mini measles campaign in the affected districts and as a result 41,605 children were immunized during the mini campaign (8,411 BCG, 7,804 measles, 8,666 Polio 1, 8,148 Polio 2, 8,576 Polio 3 respectively).

Up to 4 radio talk shows and 245 radio spots on immunization were aired out reaching approximately 1,845,000 people in the affected districts. Public address drives communicating immunization messages for 3 days in the targeted districts to promote the SIA vaccination campaign was also carried out. Through the use of 20 mega phones the volunteer mobilized communities members in churches, communities.

A total of 6,400 immunizations register, 450 volunteers Red Cross immunization bibs for volunteer's mobilization and identification were procured and distributed. These tools helped the volunteers to register

155,068 children during the house to house activities. Volunteers collectively reached 100,436 households and registered over 155,068 and identified 26,047 defaulters over this period.

### Operations, Coordination, Monitoring and Evaluation

<b>Outcome: Strengthened operational capacity in planning, Monitoring, Evaluation and Reporting for effective service delivery to the target beneficiaries</b>	
<b>Outputs (Expected results)</b>	<b>Planned activities</b>
<ul style="list-style-type: none"> <li>All planned operational activities are properly coordinated, monitored and reported on in a timely and quality manner</li> </ul>	<ul style="list-style-type: none"> <li>Conduct weekly field monitoring by national, regional and branch staff</li> <li>Train 20 volunteers for undertaking the baseline and end line KAP surveys, including survey tools, methodology and interviews.</li> <li>Conduct the measles operations baseline and end line KAP survey using tools designed for volunteers.</li> <li>Participate in all districts and national coordination and micro planning meetings to facilitate effective accelerated vaccination campaigns</li> <li>Participate in post accelerated immunization campaign meeting with UNEPI, districts and other implementing partners.</li> </ul>

**Impacts:** National Society staff conducted 5 field monitoring visits to offer support in the local level planning with the district for the SIA's. Additionally, the NS identified 40 volunteers who supported in undertaking the KAP post campaign Survey in December to estimate the impact of URCS intervention and participated in all the weekly districts and bi- weekly national coordination and micro planning meetings for the SIA vaccination and measles mini campaigns.

#### Challenges:

- Some of the affected districts were short of qualified personnel at health facilities thus slowing down the campaign drives in the communities. Additionally, the districts lacked adequate transportation means for logistical support during movement to some of the places considered to be hard to reach. This was worsened by heavy rain down pour coupled with poor road network thus proving very difficult to access community based volunteers in these communities.
- Lack of budget line to cater for the district focal person and the sub county supervisors who acted as a link in monitoring and supporting the volunteers' activities in the respective communities (villages and parishes).
- The activity was implemented during the peak season for agricultural activities. Most household members would normally wake up early to cultivate their fields and hence the volunteers found it very hard to capture adequate data from the household heads.
- The managerial challenges that the NS was undergoing through at the time of the response operation deeply affected and slowed the operation as the volunteers and staff were engaged in micro public relation activities and re-assurance of the public as the credibility of the society was at stake.

## Contact information

### For further information specifically related to this operation please contact:

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

**Disaster Response Financial Report****MDRUG035 - Uganda - Measles Outbreak**

Timeframe: 22 Aug 13 to 22 Nov 13

Appeal Launch Date: 22 Aug 13

Final Report

**Selected Parameters**

Reporting Timeframe	2013/8-2013/12	Programme	MDRUG035
Budget Timeframe	2013/8-2013/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**I. Funding**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		116,006				116,006	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		116,006				116,006	
<b>C4. Other Income</b>		116,006				116,006	
<b>C. Total Income = SUM(C1..C4)</b>		116,006				116,006	
<b>D. Total Funding = B +C</b>		116,006				116,006	

\* Funding source data based on information provided by the donor

**II. Movement of Funds**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		116,006				116,006	
<b>E. Expenditure</b>		-110,827				-110,827	
<b>F. Closing Balance = (B + C + E)</b>		5,179				5,179	

## Disaster Response Financial Report

### MDRUG035 - Uganda - Measles Outbreak

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## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>						<b>116,006</b>		
<b>Relief items, Construction, Supplies</b>								
Clothing & Textiles	1,620						1,620	
Teaching Materials	21,020						21,020	
<b>Total Relief items, Construction, Sup</b>	<b>22,640</b>						<b>22,640</b>	
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	5,633						5,633	
<b>Total Logistics, Transport &amp; Storage</b>	<b>5,633</b>						<b>5,633</b>	
<b>Personnel</b>								
International Staff			430			430	-430	
National Society Staff	3,456						3,456	
Volunteers	24,130						24,130	
<b>Total Personnel</b>	<b>27,586</b>		<b>430</b>			<b>430</b>	<b>27,156</b>	
<b>Consultants &amp; Professional Fees</b>								
Professional Fees	1,863						1,863	
<b>Total Consultants &amp; Professional Fees</b>	<b>1,863</b>						<b>1,863</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	10,172						10,172	
<b>Total Workshops &amp; Training</b>	<b>10,172</b>						<b>10,172</b>	
<b>General Expenditure</b>								
Travel	3,000						3,000	
Information & Public Relations	36,792						36,792	
Office Costs	240						240	
Communications	800						800	
Financial Charges	200						200	
<b>Total General Expenditure</b>	<b>41,032</b>						<b>41,032</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies			103,633			103,633	-103,633	
<b>Total Contributions &amp; Transfers</b>			<b>103,633</b>			<b>103,633</b>	<b>-103,633</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	7,080		6,764			6,764	316	
<b>Total Indirect Costs</b>	<b>7,080</b>		<b>6,764</b>			<b>6,764</b>	<b>316</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>116,006</b>		<b>110,827</b>			<b>110,827</b>	<b>5,179</b>	
<b>VARIANCE (C - D)</b>			<b>5,179</b>			<b>5,179</b>		

**Disaster Response Financial Report**

MDRUG035 - Uganda - Measles Outbreak

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	116,006		116,006	116,006	110,827	5,179	
Subtotal BL2	116,006		116,006	116,006	110,827	5,179	
<b>GRAND TOTAL</b>	<b>116,006</b>		<b>116,006</b>	<b>116,006</b>	<b>110,827</b>	<b>5,179</b>	

## UGANDA RED CROSS SOCIETY

MEASLES OUTBREAK DREF Operation								
Project reference number	MDRUG035							
Implementation period	August 2013 to October 2013							
BUDGET								
Program costs							2450	2450
Description	Unit cost	Unit	Qty	Fqy	BUDGET in CHF	Expenses	Variance Explanation	
Mobilize and train 430 volunteers from Kamwenge, Kyenjojo, Mubende and Isingiro districts in measles signs and symptoms, routine immunization promotion and suspected case referral mechanism using Epidemic Control for Volunteers (ECV) and CBHFA toolkit for outbreak control ( On average 24 volunteers will be trained during 18 sessions at parish levels for one day).								
Assorted stationery	3,000	persons/day	430	1	527	274.29	There was no need for photocopying since most of the materials needed during the trainings were in electronic copy.	
Feeding, refreshments	30,000	persons/day	430	1	5,265	5346.94		
Training venues for 18 training sessions in parishes.	60,000	hall/day/ session	18	1	441	620.41	We used more training venues than what was planned for in the initial budget.	
Facilitators' allowances for one facilitator for 18 sessions.	100,000	persons/day	18	1	735	653.06	One facilitator from the district had own funds .	
Participants' transport refund	10,000	persons/trip	430	1	1,755	4613.47	under budgeted in the original budget	
<b>Sub-total</b>						<b>8,722</b>	<b>11,508</b>	
<b>Produce and disseminate measles IEC messages &amp; materials for health promotion in the affected districts</b>								
<i>Immunization campaign health promotion message translated in local language</i>								
	900	pieces	50,000	1	18,367	14285.71	cost was lower than what was budgeted for	
<i>Brochures (with basic facts about measles disease translated in local language)</i>								
	500	pieces	50,000	1	10,204	10204.08		
<i>My clear water proof bags and 2 ball pens per set for volunteers during child registration, 430 for volunteers and 20 for supervisors from Headquarters, branches and local leaders</i>								
	3,000	pieces	450	1	551	0.00	The cost from the lowest bidder was higher than what was in the original budget	
<i>Carbonated Immunization Child registers for registration of children and follow up</i>								
	8,000	pieces	6,400	1	20,898	25714.29		
<i>Cost for designing, printing, distributing and analysing one page baseline and endline survey tools for attitude and belief survey (40 volunteers X 40 form each x four rounds of survey)</i>								
	8,000	Volunteer/ forms/ round	40	4	522	257.14	We locally designed our own data tools for analysis	
<i>T-shirts (Measles preventing messages) 430 volunteer and 20 supervisors will each be given two T-Shirts for the daily work during the operation.</i>								
	15,000	pieces	900	1	5,510	5473.47		
<i>Volunteers red cross bibs 430 volunteer and 20 supervisors will be given two one red cross bib during the operation.</i>								
	8,000	pieces	450	1	1,653	1836.73		
<b>Sub-total</b>					<b>57,706</b>	<b>57,771</b>		
<b>Conduct media campaigns for promotion of public awareness about measles disease outbreak and routine immunization (8 radio talk shows &amp; 120 radio spots/jingles will be sponsored to run on 4 local FM radio stations that will reach an estimated 1,540,000 people in 4 districts)</b>								
Radio spots/DJ mentions	20,000	spot/30 sec	20	6	980	0.00		
Mega phones for community publicity	20	pieces	120,000	1	980	0.00		
Radio talk shows	600,000	show/hour	1	4	980	1714.29	This was lamped up with expenditures under radio spots/DJ mention at time of receipt.	
<b>Sub-total</b>					<b>2,939</b>	<b>1,714</b>		
<b>Conduct baseline and endline survey on beliefs and attitude, house to house child vaccination registration of eligible children, track missed children/mop up verification of immunization cards for the vaccinated children and sensitization to mothers, fathers and caretakers on the need to vaccinate their children</b>								
<i>Allowance for volunteers during the four days for survey data collection and 2 days for the baseline and 2 days for the endline survey.</i>								
	7,500	Volunteer/day /month	40	4	490	163.27	Lamped up with allowance for volunteers during survey.	
<i>Volunteers' lunch allowances for six days per months during childrens registration, sensitization, vaccination campaign, defaulter tracing</i>								
	7,500	Volunteer/day /month	430	18	23,694	19221.43	Lamped up with allowance for volunteers during survey.	
<i>Volunteers insurance</i>								
	2,500	persons/day	430	1	439	775.95	Lamped up with allowance for volunteers during survey.	
<i>Motorcycle fuel for supervision of community activities</i>								
	4,000	litre of petrol/c	12	40	784	391.84	Some branches used the vehicle for monitoring	
<b>Sub-total</b>					<b>25,406</b>	<b>20,552</b>		
<b>Support district &amp; national coordination micro planning meetings to facilitate effective &amp; accelerated outbreak control activities</b>								
Day allowances for district local leaders	20,000.00	persons/day	20	4	653	1404.08	We had more district leaders involved in the campaign than what was initially planned	
Refreshments	10,000.00	persons/day	20	4	327	78.37	In some of the meetings in the districts, the refreshments were covered by the district budget.	
Mileage	2,027.00	km	90	8	596	379.75	Less mileage was used since the URCS team used some of the district vehicles involved in the joint monitoring	
Assorted stationery	5,000.00	assortment	10	4	82	227.76	Since there were more district leaders involved in the response the program had to buy more stationaries.	
<b>Sub-total</b>					<b>1,657</b>	<b>2,090</b>		
<b>Conduct field monitoring , technical support supervision &amp; evaluation</b>								
<i>Perdiem for technical programme staff at national and regional levels (one person from headquarter/region for six days per branch per month)</i>								
	120,000	Days/ month	4	6	1,176	3048.98	More URCS staff were involved in the monitoring during the actual days of immunization.	
<i>Drivers' perdiem during field monitoring (Each technical program staff from headquarter/region will use one driver/vehicle to monitor and support the district operations)</i>								
	90,000	Days	4	6	882	812.24		
Mileage	2,027	km	3000	1	2,482	0.00		
<b>Sub-total</b>					<b>4,539</b>	<b>3,861</b>		
<b>Project Support Costs</b>								
Communication & public relations cost (telephone/mobile, f	1,000,000	Monthly	1	2	816	816.33		
Drivers' perdiem (vehicles from regional offices to support	90,000	persons/night	2	20	1,469	1653.06	More drivers engaged to support during the immunization days.	
Vehicle pool costs/mileage	2,027	Kms	1000	3	2,482	3319.32	More movements to support the immunization campaigns was made.	
Stationery (photocopy, tonners etc)	600,000	Lumpsum	1	1	245	159.18	The program needed less stationary for this component that what was planned	
Monitoring & Evaluation Costs IFRC	1,875,000	Lumpsum	2	2	3,061	0.00		
Bank/Financial charges					204	67.92	Lumpsum transfers were made to branches	
Audit fees		Lumpsum			1,902	0.00		
<b>Sub-total</b>					<b>10,179</b>	<b>6,016</b>		
<b>TOTAL</b>					<b>111,149</b>	<b>103,513</b>		
Add IFRC Program support/PSR (6.5%)					<b>7,225</b>	<b>6,728</b>		
<b>GRAND TOTAL</b>					<b>118,374</b>	<b>110,242</b>		

Exchange Rate: 1 CHF = 2,450 UGX